

## Appendix 2

### Village Meetings

For this project, I organised two village meetings with the help of SACHETANA, one in Bakcha on 31 March 2006 and another in Kaichidanga on 7 April 2006. Each was also organised with the help of a local NGO that had long worked in that area and had easy relations with local resident and was attended by more than 40 women, including some elected women representatives in the *panchayets*. The meetings had the active cooperation of elected office holders in local bodies of the area.

Bakcha village falls under the Purva Medinipur district and is well-connected by paved roads to one of the stations on a main railway line. It is also a relatively prosperous area. Many of the women we met there had some school education; the NGO had ensured that even the older women were literate. The general awareness about the role of women in local governments was quite high. They knew about budgets and grants from higher-level governments. There was a great deal of interest in getting their children educated, and many told us about the efforts they made to get extra income to pay for this. Although wage-paying jobs for women were very scarce, each was making some efforts to add to the family income by undertaking any of several kinds of activities, including keeping animals, growing vegetables, processing grain, stitching garments, making bidis etc. However, those who belonged to self-help groups admitted that, so far, these groups had not been very successful in getting them better work.

As against that, Kaichidanga is in the relatively backward district of Uttar Dinajpur. The population is largely tribal though there is also a significant presence of Muslims. The organisations the women belonged to had tried to make all of them literate but had not been very successful. Most of the tribal women worked as agricultural labour during the season. Men from some of the families had migrated for work, and some of the women were in sole charge of cultivating the family plots. They were not very cognisant about the local government system or about the changing trends in the economy. However, they were fully vocal about issues of immediate concern to them, and one of their main concerns was the state of health services. One of them told us how, not being able to get any help from government doctors and tired of paying the stiff charges for private clinics, the family had ended up with local practitioners of magic and voodoo. As she said, 'at least they were cheap and no less effective than a doctor who was never there!'

The workshops were conducted in a more or less identical manner; in the mornings, after some introductions, we explained our reasons for organising the meetings. For this we used some charts and diagrams describing the way in which the system of government was organised and the ways in which they themselves were supposed to be the decision-makers as well as the potential beneficiaries of that system. This was to highlight the importance of raising and spending local resources according to local preferences and priorities. The session was conducted more as an on-going discussion between us and the participants rather than as the delivery of a monologue.

The discussion brought out the following views about resource-raising efforts at local levels:

- Political parties in West Bengal generally did not favour collecting local resources for local use and led people to believe that higher-level governments owed it to them to finance their needs. Women assumed the higher-level governments had instruments to tax richer people, whereas local government taxes would fall on the poor.
- The women said that they had protested vehemently on principle to the state government's recent efforts to impose a tax on keeping domestic animals, even though they knew that the tax rates were very low.
- Their general view was that people in decision-making positions would use resources raised locally for their own aggrandisement rather than pay heed to genuine local needs.
- There seemed to be less resistance to user fees that people normally paid for ferry services or market stalls, because they immediately got the quid pro quo.
- There was resentment from both the elected women and the others about whether the women elected to local governments had made any efforts to meet women's needs. The elected women complained about how difficult it was for them to intervene in decisions about local expenditure. The rest complained about a lack of a platform to express their views. They explained that it was not easy for them to raise a voice at the *gram sabhas* in the presence of men, but they were gradually starting to do so and their meetings in self-help groups had assisted them in this.

After lunch, in both meetings, we organised the women into several small groups, each with a facilitator, to discuss their experience of getting public services on payment of user fees. For these groups, we had developed a small questionnaire mainly about two such services: the public distribution system (PDS), a rationing system where villagers are provided with food-grains and kerosene at subsidised prices; and local state-run clinics and hospitals where patients pay a charge. For the PDS the government provides four types of ration cards for households of different income levels; for each kind of card, prices of the food-grains are set at different levels. The discussion brought out the following points:

- Although most women knew about the PDS and rationing system, they had stories only about its corrupt and inefficient functioning. They were mainly interested in getting their supply of kerosene, which they used for lighting since there was no electricity in the village. For cooking, all women had to spend considerable time every day collecting leaves, sticks, dung and other refuse. There was no exception to this. Outside the rationing system, kerosene was not available or came adulterated.
- The women roundly disclaimed our information that there were supposed to be no

charges for rural health facilities. Each had paid some amount for treatment every time, although it was never clear what they were entitled to in return.

- Although they complained about the frequent absence of health workers, the dirty conditions of hospitals, corrupt doctors, rude nurses and so on, they would still prefer to use government services because the personnel are better qualified.
- The alternative for them was to go to ‘quacks’ (their word), untrained medical practitioners who were in the village and available but often dangerously wrong.
- Many of them had gone to private hospitals and nursing homes as a last resort; but the difference between the prices there and at government facilities was huge.
- They complained about the fact that most doctors in government clinics and hospitals also ran private services in the neighbourhood and encouraged people to visit those on promises of more thorough examination and treatment but at a much higher charge.

The overall view in both villages was that women would not mind paying somewhat higher user charges, provided the government clinics were in easy reach, were open more regularly and had regular supplies of medicines and other facilities. At present, there was an acute shortage of these services, and each had a horror story about how somebody near to her – husband, child, parent or sibling – had suffered for want of access to those services, and how the family had incurred huge expenses in ultimately getting those from private sources.